Healthcare

The goal of the MDHC is to effect change among providers to support evidenced-based clinical and quality improvement across a wide variety of healthcare settings. The MDHC seeks to partner with physicians and public health professionals in the Mississippi Delta to improve management of hypertension among consumers and reduce the incidence of hypertension among adults at-risk for developing the disease.

Quality Improvement Initiatives

Chronic Disease Management

The MDHC seeks to transform healthcare practices in the Mississippi Delta from a system that is reactive to one that is proactive and focused on keeping a person as healthy as possible. Adapted from the Chronic Care Model, the MDHC is creating a disease management model for healthcare system improvement at the community, organization, practices, and patient levels.

The focus of the CDM program is to address deficiencies in care which can lead to poor disease management. These deficiencies include:

- Rushed practitioners not following established practice guidelines
- Lack of care coordination
- Lack of active follow-up to ensure the best outcomes
- Patients inadequately trained to manage their illnesses

Like the Chronic Care Model, the CDM involves the essential elements of a health care system that encourage high-quality chronic disease care. These elements are the community, the health system, self-management support, delivery system design, decision support and clinical information systems. The MDHC will:

1. Recruit physicians to participate in the program.
2. Educate providers on the most up-to-date clinical standards for persons with or at-risk for hypertension.
3. Provide software and training for tracking and reporting on clinical outcomes.
4. Link patients to community support and health education systems.
5. Evaluate the program for effectiveness.

Chronic Disease Self Management Program

The MDHC is partnering with the Arthritis Integration Dissemination Project within the Chronic Disease Bureau of the MSDH to train individuals within the healthcare setting to teach Stanford University's Chronic Disease Self-Management Program for persons with a chronic condition.

The Chronic Disease Self-Management Program is a workshop given two and a half hours, once a week, for six weeks, in community settings such as senior centers, churches, libraries and hospitals. People with different chronic health problems attend together. Workshops are facilitated by two trained leaders, one or both of whom are non-health professionals with a chronic diseases themselves. Subjects covered include: 1) techniques to deal with problems such as frustration, fatigue, pain and isolation, 2) appropriate exercise for maintaining and improving strength, flexibility, and endurance, 3) appropriate use of medications, 4) communicating effectively with family, friends, and health professionals, 5) nutrition, and, 6) how to evaluate new treatments.